

**OFFICIAL COLORADO STATE DOCUMENT
DO NOT ALTER THIS FORM**

**PERSONAL SERVICES CERTIFICATION
FOR CONTRACT MODIFICATIONS**

Department/Institution Name: _____ Date: _____

Contract Routing #: _____ Purchase Order #: _____

Contractor/Individual: _____

Term of Agreement: From: _____ To: _____

Please complete the following:

1. Please describe the reason for the modification:

2. Has the scope of work been modified? ☐ No ☐ Yes If yes, explain.

3. Has the original dollar value of the contract changed? ☐ No ☐ Yes If yes, please indicate:

Original \$ Amount: _____ Increase/Decrease in \$: _____ New Total \$ Amount: _____

4. Please list the type of change document used for this contract, e.g., amendment, change order letter, etc.

If there is a change to the scope of work or if the dollar value of the contract has increased, you must submit for personal services review. If the scope of work has not been modified, and the dollar value has remained the same or decreased, please self certify to these facts below.

**SELF CERTIFICATION
TO BE COMPLETED BY PROGRAM REPRESENTATIVE**

Contract Modification Certification: I certify that the contract or commitment voucher amendment complies with the requirements of C.R.S 24-50-509 and Administrative Procedure P-10-6. The scope of work supporting the original approval has not materially changed, and therefore; does not require personal services review.

☐ Yes ☐ No If no, submit your request for personal services review.

I hereby certify that the attached modified agreement for personal services meets the criterion as stated above and that all responses on this certification are true and accurate, to the best of my knowledge.

Date: _____ By: _____
Agency Representative Title/Work Phone Number

TO BE COMPLETED BY HR REPRESENTATIVE ONLY

I hereby certify that the attached agreement for personal services meets the approval criterion required in the Director's Administrative Procedures P-10.

Date : _____ By: _____
HR Representative Title/Work Phone Number